

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your

Uchida 1



| Section 1. | Identifying Inform | ation | | | |
|---|---------------------|----------------------------------|--|--|--|
| 1. Given Name (First Name) Ryohei | | 2. Surname (Last Name) Uchida | 3. Date 14-November-2017 | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Norimasa Nakamura | | |
| 5. Manuscript Title Stem cell-based therapy in anterior cruc | | ciate ligament repair | | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-17-149 | | | | | |
| | | | _ | | |
| Section 2. | The Work Under Co | onsideration for Public | cation | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo | | | | | |
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| Section 4. | localla de LB | . D | | | |
| | Intellectual Proper | ty Patents & Copyri | gnts | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |

Uchida 2



| Section 5. | | | | |
|--|---|--|--|--|
| Section 5. | Relationships not covered above | | | |
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| Section 6. | Disclosure Statement | | | |
| Based on the abo below. | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | |
| Dr. Uchida has no | othing to disclose. | | | |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Horibe 1



| Section 1. Identifying Inform | nation | | | |
|---|----------------------------------|--|--|--|
| 1. Given Name (First Name) Shuji | 2. Surname (Last Name) Horibe | 3. Date 14-November-2017 | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Norimasa Nakamura | | |
| 5. Manuscript Title Stem cell-based therapy in anterior cru | ciate ligament repair | | | |
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Horibe 2



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| Dr. Horibe has nothing to disclose. | | | | |

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Nakamura 1



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| 1. Given Name (First Name) Norimasa | 2. Surname (Last Name) Nakamura | 3. Date 14-November-2017 | | | |
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